

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Forward Together PAC

ADDRESS (number and street)

201 North Union Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314-2650

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00412791

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Honorable Gerald S McGowan

Signature of Treasurer

Honorable Gerald S McGowan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 16 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Forward Together PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 03 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2013		350619.90
(b) Cash on Hand at Beginning of Reporting Period.....	297602.59	
(c) Total Receipts (from Line 19) .....	19816.73	28539.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	317419.32	379159.32
7. Total Disbursements (from Line 31) .....	57221.56	118961.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	260197.76	260197.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Forward Together PAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2300.00

3300.00

(ii) Unitemized .....

10.00

230.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2310.00

3530.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

17500.00

25000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

19810.00

28530.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

6.73

9.42

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19816.73

28539.42

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

19816.73

28539.42

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17221.56	73961.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17221.56	73961.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	45000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57221.56	118961.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57221.56	118961.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19810.00	28530.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19810.00	28530.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	17221.56	73961.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	17221.56	73961.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. James Norton**

Mailing Address 2619 mountain laurel pl

City  
restonState  
VAZip Code  
20191-2117FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASTii Advanced Simulation Technology

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2013

Transaction ID : C5688667A

Amount of Each Receipt this Period

100.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2013

Transaction ID : C5688667AB

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**C. Aimee B. Boone**

Mailing Address 4829 Pyrenees Pass

City

Austin

State

TX

Zip Code

78738-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Community Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2013

Transaction ID : C5681049A

Amount of Each Receipt this Period

2200.00

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address PO Box 382110

City  
 Cambridge

State  
 MA

Zip Code  
 02238-2110

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2013

**Transaction ID : C5681049AB**

Amount of Each Receipt this Period

2200.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Forward Together PAC**

Full Name (Last, First, Middle Initial)

## **A. Raytheon PAC**

Mailing Address 1100 Wilson Blvd  
 Ste 1500

City State Zip Code  
 Arlington VA 22209-2270

FEC ID number of contributing  
federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : C5710412**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. BNSF RailPAC**

Mailing Address PO Box 961039

City State Zip Code  
 Fort Worth TX 76161-0039

FEC ID number of contributing  
federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C5694574**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Ave NW  
 Ste 560

City State Zip Code  
 Washington DC 20004-1745

FEC ID number of contributing  
federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : C5691164**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 19

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Forward Together PAC**

Full Name (Last, First, Middle Initial)

## **A. American Healthcare, LLC - Heritage Hall PAC**

Mailing Address 5310 Valleypark Dr  
 Ste 100

City State Zip Code  
 Roanoke VA 24019-3067

FEC ID number of contributing  
federal political committee.

**C** C00505644

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2013

**Transaction ID : C5697226**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

17500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. LexisNexis**

Mailing Address PO Box 72477090

City

Philadelphia

State

PA

Zip Code

19170-0001

Purpose of Disbursement

Internet Research Services

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
12Y Y Y Y Y Y  
2013**Transaction ID : D308824**

Amount of Each Disbursement this Period

245.50

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Pkwy

City

Alpharetta

State

GA

Zip Code

30005-8802

Purpose of Disbursement

Payroll Service Charge

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
26Y Y Y Y Y Y  
2013**Transaction ID : D311333**

Amount of Each Disbursement this Period

98.23

Full Name (Last, First, Middle Initial)

**C. Jennifer Hauser**

Mailing Address 1410 N Gaillard St

City

Alexandria

State

VA

Zip Code

22304-1614

Purpose of Disbursement

Administrative Services

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
22Y Y Y Y Y Y  
2013**Transaction ID : D309916**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

593.73

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. Columbia Capital, LLC**Mailing Address 201 N Union St  
STE 300

City Alexandria State VA Zip Code 22314-2650

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

**Transaction ID : D308002**

Amount of Each Disbursement this Period

445.54
--------

Full Name (Last, First, Middle Initial)

**B. Katherine Buchanan**

Mailing Address 20 W Maple St

City Alexandria State VA Zip Code 22301-2604

Purpose of Disbursement  
Accounting/Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

**Transaction ID : D308822**

Amount of Each Disbursement this Period

2250.00
---------

Full Name (Last, First, Middle Initial)

**C. Funding Solutions, LLC**

Mailing Address 18 Ensign Spence

City Williamsburg State VA Zip Code 23185-5561

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

**Transaction ID : D310535**

Amount of Each Disbursement this Period

3276.54
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5972.08
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank, NA**

Mailing Address 330 N Washington St

City

Alexandria

State

VA

Zip Code

22314-2502

Purpose of Disbursement

Merchant Services

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
01Y Y Y Y Y Y  
2013**Transaction ID : D310723**

Amount of Each Disbursement this Period

79.95

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank, NA**

Mailing Address 330 N Washington St

City

Alexandria

State

VA

Zip Code

22314-2502

Purpose of Disbursement

Commercial Service Charge

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
11Y Y Y Y Y Y  
2013**Transaction ID : D310724**

Amount of Each Disbursement this Period

65.83

Full Name (Last, First, Middle Initial)

**C. ICore Networks, Inc.**Mailing Address 7900 Westpark Dr  
Ste A315

City

Mc Lean

State

VA

Zip Code

22102-4235

Purpose of Disbursement

Telephone

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
03D D D /  
08Y Y Y Y Y Y  
2013**Transaction ID : D308732**

Amount of Each Disbursement this Period

95.27

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

241.05

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Forward Together PAC

Category/  
Type

177.79

Category/  
Type

4901.26

Category/  
Type

1135.12

6214.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Forward Together PAC

### A. Wired For Change

Mailing Address 1700 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20009-1134

Purpose of Disbursement
Website Support

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D309752

Amount of Each Disbursement this Period

650.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## B. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement	Credit Card Payment

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : D312523

Amount of Each Disbursement this Period

2824.51

Full Name (Last, First, Middle Initial)

### C. Public Storage

Mailing Address 370 Holland Ln

City	State	Zip Code
Alexandria	VA	22314-3418

Purpose of Disbursement	Storage Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D312525

Amount of Each Disbursement this Period

213.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2824.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. Wired For Change**

Mailing Address 1700 Connecticut Ave NW

City  
WashingtonState  
DCZip Code  
20009-1134Purpose of Disbursement  
Website Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013
**Transaction ID : D312524**

Amount of Each Disbursement this Period

650.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Levy @ MCI Center**

Mailing Address 601 F St NW

City  
WashingtonState  
DCZip Code  
20004-1605Purpose of Disbursement  
Catering/Events

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013
**Transaction ID : D312527**

Amount of Each Disbursement this Period

1861.61

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

16898.39

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor for US Senate Committee**

Mailing Address PO Box 2720

City Little Rock	State AR	Zip Code 72203-2720
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Purpose of Disbursement  
Contribution

Candidate Name

**Mark Lunsford Pryor**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2013

**Transaction ID : D309901**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. The Markey Committee**

Mailing Address PO Box 526

City Medford	State MA	Zip Code 02155-0006
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Purpose of Disbursement  
Contribution

Candidate Name

**Edward J Markey**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 00

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Special Primary

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2013

**Transaction ID : D309608**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Markey Committee**

Mailing Address PO Box 526

City Medford	State MA	Zip Code 02155-0006
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Purpose of Disbursement  
Contribution

Candidate Name

**Edward J Markey**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 00

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2013

**Transaction ID : D309609**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Forward Together PAC**

Full Name (Last, First, Middle Initial)

**A. Hagan For Senate Committee, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2013

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429-9103

**Transaction ID : D310366**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Kay R. Hagan**Category/  
Type

5000.00
---------

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: NC District: 00

Full Name (Last, First, Middle Initial)

**B. Hagan For Senate Committee, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2013

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429-9103

**Transaction ID : D309900**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Kay R. Hagan**Category/  
Type

5000.00
---------

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary  
☐ General  
☐ Other (specify) ▼

State: NC District: 00

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

--

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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40000.00
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